

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 740123-351							
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.6(a)) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 877-9306 on <u>March 3, 2004</u> . Signature: <u><i>K.M. McManus</i></u> Name: K.M. McManus		In re Application of Manfred PFALZGRAF <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 09/813,353</td> <td style="padding: 2px;">Filed 03/21/2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For MOTOR VEHICLE ROOF WITH TWO COVERS</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 3612</td> <td style="padding: 2px;">Examiner D. Pedder</td> </tr> </table>		Application Number 09/813,353	Filed 03/21/2001	For MOTOR VEHICLE ROOF WITH TWO COVERS		Group Art Unit 3612	Examiner D. Pedder
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$330.00</u>									
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u> </u>									
<input type="checkbox"/> A check in the amount of the fee is enclosed.									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.									
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380(740123-351). I have enclosed a duplicate copy of this sheet.									
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the									
<input type="checkbox"/> applicant/inventor.									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
<input checked="" type="checkbox"/> attorney or agent of record									
03/19/2004 DJ JONES1 00000002 192380 09813353		<u><i>David S. Safran</i></u> Signature							
01 FC:1401		<u>David S. Safran</u> Typed or printed name							
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).									
330. PTO ID# _____ Registration number if acting under 37 CFR 1.34(a) _____		<u>March 5, 2004</u> Date							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
<input type="checkbox"/> *Total of _____ forms are submitted.									

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